

Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital  
1515 Lafayette  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Mo. 2 Days  
(Specify whether  
in this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Theodore Genteman

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased Nov 25 1874  
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 25 If less than one day hr. min.

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Park Department

12. Name Theodore Genteman

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Theresa Hoppe

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant John A. Genteman

(b) Address 5431a Thrush

17. (a) Burial (b) Date thereof AUG 22, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John A. Genteman

(b) Address 5431a Thrush

19. (a) AUG 21 1941 (b) J. H. Breda  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 100  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 221 2102 Obear  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20  
year 1941 hour 4:05 minute A. M.

21. I hereby certify that I attended the deceased from June 19. 1941 to August 20, 1941  
that I last saw him alive on August 20, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Carcinoma of cecum 6 mos?

Due to Localized peritonitis 2 wks?

Due to \_\_\_\_\_

Other conditions Ch. hydromphasia & renal calculi 1 yr.?

(Include pregnancy within 3 months of death)

Major findings: Ca. of cecum

Of operations Ch. inguinal hernia

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

By means of injury \_\_\_\_\_

23. Signature Frank A. Breda (M. D. or other) \_\_\_\_\_

Address St. Louis City Hospital Date signed 8-20-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
88-489-14-4952  
JMO

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*L. W. Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**